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The Awareness of Emotional Intelligence by Nurses and Support Workers in an Acute Hospital Setting

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Abstract: This paper describes one component of the findings of a larger study exploring the experience of ward staff and their response to patient death in an acute hospital setting. A consistent theme arising from the study was the lack of awareness of the concept of emotional intelligence and the way this could be used to manage staff members own emotions in effectively handling stressful situations involving colleagues, patients and relatives. In this article the concept of emotional intelligence within nursing is examined, including how it is recognised and used by nurses and healthcare support workers. Differences between the two staff groups in the study, in relation to their awareness and use of emotional intelligence, are discussed along with consideration of how education can help staff to identify and develop their own level of emotional intelligence.

Keywords: Emotional intelligence, stress, coping, staff wellbeing.

1. Introduction and Background

The concept of emotional intelligence has its origins in the work of Thorndyke [1] who identified that it was discrete from academic intelligence and was a necessity in order to be successful in the practicalities of life. Two types of emotional intelligence were distinguished by Gardner [2]. These are 'interpersonal', which is the capability to have an understanding and insight into others, and to work well in co-operation with them, and 'intrapersonal', which is concerned with self-awareness and the ability to recognise personal emotions and how these affect others. Goleman [3] advocated that having these skills, facilitates social success as they enable people to form relationships with others easily and read their emotions and responses accurately. These results in them are able to lead and manage others and to handle disputes effectively.

These views are echoed by McQueen [4] who described emotional intelligence as discrete from academic abilities and involving a number of aspects including, individual self-awareness, ability to recognise and manage emotions and having insight into how to relate to others. Mayer and Salovey [5] described emotional intelligence as being able to accurately perceive, evaluate and express emotions, understand the concept of emotional knowledge and to regulate emotion in a way that promotes both emotional and intellectual growth. It is seen as a set of abilities that can determine a person's capability to be successful in life.

1.1 Components of Emotional Intelligence

According to Heffernan et al. [6], people who are emotionally intelligent perceive themselves to be confident and are better able to understand, control and manage their emotions. They identified four factors of emotional intelligence: wellbeing, self-control, emotionality and sociability. "Wellbeing" involves the individual having a good level of self-esteem and the characteristics of feeling happy and satisfied with a positive outlook on life. "Self-control" is concerned with the ability of the individual to regulate and control their emotional responses, and their competence to handle stress. "Emotionality" is the skill to show empathy, communicate feelings and be aware of the perspectives of others in a situation. The final factor of "sociability" concerns the social competence of the individual, their ability to demonstrate strong social skills and to be assertive and influence others. These are similar to those elements described by Kooker et al. [7] of self-awareness, self-management, social awareness and management of social relationships.

1.2 Emotional Intelligence in Healthcare

Emotional intelligence is a feature that has been identified as being essential in nursing. Cadmen and Brewer [8] contend that the ability of any healthcare worker to manage their own emotions while interpreting and responding to those of others is a prerequisite of anyone working in the caring professions.

Whyte [9] wrote that the nurse who is emotionally intelligent is one who can work in harmony with both their thoughts and their feelings, and Smith [10] strongly supports this view stating that student nurses need to understand the emotional nature of nursing, have emotional skills in order to deliver competent nursing care and develop emotional intelligence in order to deal with chaotic working environments. Faguy [11] states that emotions are a key motivation for action and that, in order to live an authentic, rewarding and self-fulfilling life, we need to make use of both our intellect and our feeling.

Freshwater and Strickley [12] suggest that nursing is becoming more technical and this is at the expense of the human qualities of empathy, love and compassion. There is also the viewpoint that within the National Health Service (NHS) in the United Kingdom (UK) the recent focus on clinical outcomes, national standards and bed occupancy has resulted in a loss in the valuing of human relationships and emotions. The current Chief Nursing Officer for England produced a vision and strategy for nursing, midwifery and care staff in 2012 that identifies six values and behaviours, which should be at the heart of nursing and healthcare [13]. One of these, "compassion", is described as intelligent kindness demonstrated through relationships and involving empathy. Another is 'communication' resulting in successful caring relationships and effective team working. These qualities and behaviours are identified as being present in those who are emotionally intelligent [2, 3, 6].

Research into the use of emotional intelligence by nurses has found a positive correlation between high levels of emotional intelligence, staff wellbeing and performance.

It was concluded by Codier et al. [14], in their study of staff nurses in the clinical environment, that high levels of emotional intelligence were correlated with high performance levels. This outcome supports the findings of research by Akerjordet and Severinsson [15] who found that emotional intelligence is central to growth, development and professional competency in nursing, and of Rochester et al. [16] who identified emotional intelligence as a significant factor in successful nursing practice.

In relation to staff wellbeing, Mikolajczak et al. [17] studied Belgian nurses, finding that those with high levels of emotional intelligence experienced lower levels of somatic illness and burnout when confronted with stressful and emotionally challenging situations.

1.3 The impact of Emotional Intelligence levels in Healthcare Staff.

The emotional intelligence levels of nursing and other healthcare staff has been found to have an impact on their ability to perform their work in a competent manner and also on their own health and wellbeing. A study by Birks et al. [18] found that those with high emotional intelligence scores showed a greater ability and willingness to use social support networks, were more confident in their ability to cope with stress and had improved organisational and time management skills. Those with a low emotional intelligence score did not use social support networks and were more likely to engage in destructive or harmful behaviours when stressed, such as eating more, drinking alcohol and smoking. Por et al. [19] measured emotional intelligence in mature student nurses and found similar results. Students with high levels of emotional intelligence had higher levels of perceived competency and lower levels of stress.

1.4 Development of Emotional Intelligence

There has been research, which has demonstrated that emotional intelligence is not static but can fluctuate and it is possible to both learn and develop it throughout life [11]. Birks et al. [18] conducted a study into emotional intelligence and stress amongst students from four health professions; dentistry, nursing, medicine and mental health, over a period of one year. Although most students' emotional intelligence score was stable, there were some who increased their score and, as a result, were found to have a significant decrease in their stress levels.

Emotional intelligence is related to and used to manage the effects of emotional labour in nursing [10]. It involves an individual's own awareness of their emotions and how to manage them in relating to others [4]. In McQueen's study, emotional intelligence was used to focus on how participants used it in their work setting when managing their emotions following patient death.

2. Research Method

2.1 Study Aims

The overall aim of the study was to explore the experience of ward staff to patient death, and their response to it in an acute hospital setting. Ward staff included both Registered Nurses and healthcare support workers. The objectives included identifying the support mechanisms staff used and to compare the two groups.

2.2 Design

A Heideggarian phenomenological approach was used following van Manen [20, 21] as it was the lived experience of participants that was being sought and this approach recognises that the experiences of researchers and participants can be combined to create a shared understanding of the phenomena being studied.

2.3 Data Collection and Sample

Unstructured and semi-structured interviews were undertaken with 13 participants who were recruited through purposive sampling. The selection criteria for participants were that they worked on the acute medical wards involved in the study, that they were Registered Nurses or healthcare support workers and that they had been involved in caring for patients who had died. Eight of the participants were Registered Nurses and five were healthcare support workers.

2.4 Ethical Considerations

Ethical and research governance approval was sought and gained from the relevant NHS and university committees. Unit managers were provided with information and their permission obtained to approach staff for inclusion in the study. All 13 participants in the study signed informed consent forms.

2.5 Data Analysis

The interviews were recorded and then transcribed by the researcher. Initial analysis of the transcripts involved reading and re-reading the transcripts to identify common themes. Heidegger referred to phenomenology as hermeneutic, meaning to be an interpretive rather than merely a descriptive process. Following van Manen [20], the next step of the process was "phenomenological reflection" and involved carrying out a thematic analysis to determine the essential themes.

3. Findings

During the interviews, several participants expressed the view that they realised their response to death in the work setting was not an issue that they had given much thought to before being involved in this research. Some recognised that they were formulating their own views, making sense of their experiences and identifying the strategies they used to support themselves and others, during the interviews. For example, some participants reported being quiet when they went home or irritable and realised now that this happened when they had experienced a patient's death on the ward during their shift. Initially some of the staff stated that they did not consciously engage in certain strategies, which helped them to manage their emotions following patient death. However, as the interview progressed, some of them identified specific actions, such as seeking out certain colleagues to talk to, having a short break for a drink of tea or spending time alone reflecting on the incident. They realised that these were strategies they employed to assist them in managing their responses to death, but had not previously identified them as such.

There were a number of areas where the responses of Registered Nurses differed from those of healthcare support workers. Registered Nurses were proactive in seeking out colleagues with whom to talk for support and reported contacting the ward by telephone, when off duty, to ask about the condition of a certain patient who they were concerned about. It was also the Registered Nurses who reported instances when they cried with relatives and talked about taking time out to have a cup of tea. It was a healthcare support worker who failed to recognise becoming abrupt and snappy at home following a patient's death until it was pointed out by family members. Younger members of staff from both groups commented on the support they were given by more senior and experienced members of staff. Registered Nurses identified that they tried to rationalise their thoughts after a death and that the person was now out of pain and at peace following a long illness. Several also reported that they had a checklist in their heads, which they went through to examine whether they had done everything required in caring for the patient. This staff group also talked about trying to maintain clear boundaries between work and home, and of the banter amongst staff being helpful.

Both Registered Nurses and healthcare support workers related experiences of patient deaths, which were traumatic for them, either because of the nature of the death or because they triggered memories of deaths in their own personal lives. Registered Nurses identified that there was a big expectation that they could cope with a death, carry on with their work and offer support to more junior staff. Registered Nurses reported finding their own networks, whereas healthcare support workers talked about receiving support from colleagues on the ward. Registered Nurses identified that there was a need for managers to acknowledge the pressures at ward level in relation to patient death and for there to be more openness amongst staff in talking about death in this acute care environment.

4. Discussion

The findings from the interviews indicate that several staff were not aware of the concept of emotional intelligence and did not have a high level of self-awareness regarding their own emotional responses to death or the strategies they used to manage these responses.

The study highlights the need for staff to be provided with knowledge and skills to enable them to identify, use and increase their levels of emotional intelligence in this kind of work environment. Some of the participants in the study did use social networks effectively, showed confidence in their ability to manage stress and demonstrated time management and organizational skills. This suggests that they did use emotional intelligence although they were unaware of this concept and had not identified it in these terms for themselves. Others did not make effective use of social networks and recognized that they did not manage their stress effectively. These staff tended to blame managers, the hospital and other colleagues for the lack of ability to manage their stress. Birks et al. [18] identified similar findings from their study, that those with low levels of emotional intelligence blamed others, as well as factors outside their control, for being disorganised. The research by Birks et al [18] also identified harmful behaviours in those with low levels of emotional intelligence including eating more, drinking alcohol and smoking. None of the participants in the current study mentioned any of these behaviours. This may be because they did not engage in these activities or they may have not thought it acceptable to admit to harmful activities as a way of managing their emotions.

Several participants expressed the view that their colleagues were very supportive. Hochschild [22] identified this feature as collective emotional labour in her study of flight attendants. This involved staff helping each other in boosting morale and giving support when one of them had a challenging experience with a passenger or some other stressful event. The result was that staff became close and intimate with each other, and this helped them work as a cohesive team. In the current study, the ward staff demonstrated some of these features of supporting each other and working as a cohesive team. There were some occasions when members of staff did not talk to each other, but mostly they appreciated having their colleagues around them to share experiences and to give and receive support. Raising awareness of, and developing skills in, emotional intelligence could be very beneficial to ward staff at all levels in the clinical setting. It could also provide better standards of care for patients, as emotionally intelligent healthcare staff will be better able to care for the emotional needs of patients.

The findings also indicate that Registered Nurses are aware of the organisational issues around patient death and that they are mindful of their responsibilities regarding management of their work and of supporting more junior staff. This could relate to the issue of professional identity, of Registered Nurses feeling they have a responsibility to support more junior colleagues. The code: standards of conduct, performance and ethics for nurses and midwives [23] states that Registered Nurses must make sure that everyone they are responsible for is supervised and supported. Registered Nurses in the study reported supporting junior and more inexperienced colleagues following patient death, and the four participants who had worked in this area of healthcare for less than two years all stated that they felt well supported by the more experienced staff.

The strategy of maintaining clear boundaries was mentioned by some participants in the study who felt that it was an important issue for them in helping to manage the emotional stress they experienced at work. This involved staff reporting that they developed definite boundaries, both between work and home and also in how close a relationship they formed with patients. Binnewies [24] found that detachment from work was beneficial to employees enabling them to be more productive when at work and to have a higher level of psychological wellbeing than those who struggled with detaching themselves from work-related issues.

Staff in the study, who did not form these boundaries, reported being affected at home by emotional experiences at work. They described difficulties with sleeping and thoughts of work situations intruding into their minds when at home. This resulted in a lower level of psychological wellbeing, as identified by Binnewies [24]. The ways in which staff may actively detach from their work include talking to family members when initially home from work in order to help clear their minds of the event, engaging in a hobby that demands their whole attention, or developing rituals, which help them to disconnect from work [25]. In this study, most participants said that they talked to family members following a shift at work and one person related a ritual she had of saying a mantra to herself as she left the ward, which enabled her to detach thoughts of her work from her home life. No one reported being involved in a hobby that they had to concentrate on in order to detach from their work.

The development of positive responses to situations has been found to build personal resources and resilience over time [26]. Some staff used positive thoughts of rationalising about death; that the person was now at rest and not suffering, which could help to build positive resources for them.

All participants universally used "talking", and there is extensive evidence that this is a beneficial and useful strategy. Talking can be used to make sense of a death, create a durable coherent story and to resolve the experience [27-29]. All of the staff talked to someone who was known to them but none had met with a counsellor or talked to someone they did not know. Talking to someone not known personally can be helpful, as the counsellor or other person will have no existing knowledge of the situation and could be seen as being more independent and non-judgmental than those known to the staff member.

Humour was mentioned by two participants who explained that they used banter to cope with a stressful situation. This supports the view of Abel [30] that nurses use humour in order to help them cope with a job that involves high levels of stress and emotional labour.

5. Conclusion

It is recognised that emotional intelligence is an essential requirement for nursing and other healthcare staff and that some are not aware of this concept or able to identify how they can best manage their own emotions.

In this study, most Registered Nurses and healthcare support workers did not appear to be aware of the concept of emotional intelligence or how this could be developed and utilised in their work environment. Several staff did report certain actions they took when faced with stressful events but several had not previously considered them to be strategies consciously engaged in to manage their emotions. Por et al. [19] identified that many nursing courses do not include the teaching of emotional intelligence and recommended that this topic should be added to the curriculum. Birks et al. [18] demonstrated that it is possible for individuals to both increase and further develop their emotional intelligence. This could be done through the teaching of self-awareness to staff and of exploring various ways that may help develop constructive coping strategies and resilience. Clinical supervision meetings could also be used to facilitate discussions around this topic. Issues covered could include creating clear boundaries, talking to others, exercise, an interest or hobby, time alone and reflection as useful approaches to help manage personal emotions. Different activities and strategies may be of benefit to different individuals and increasing self-awareness could help staff identify what activities help them most effectively when they encounter a stressful event.

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